

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>OM</i>	<i>67694</i>	<i>12/8/65</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>12/1/65</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>67694</i>	<i>1-7-80</i>

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral)... Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓		3/17/01
2		✓	11/14/01
3		✓	11/14/01
4		✓	11/14/01
5		N	
6		N	
7		N	
8		N	
9		N	
10		N	
11		N	
12		N	
13		✓	
14		✓	
15		✓	
16		N	
17		N	
18		N	
19		N	
20		N	
21		N	
22		N	
23		N	
24		✓	
25		N	
26		N	
27		N	
28		N	
29		N	
30		N	
31		N	
32		N	
33		N	
34		N	
35		N	
36		N	
37		N	
38		N	
39		✓	
40		N	
41		✓	
42		✓	
43		✓	
44		✓	
45		✓	
46		✓	
47		✓	
48		✓	
49		✓	
50		✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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